

Date:	Last Name	First Name	AHCCCS ID#:	Age:
Primary Care Provider Name and Office Phone Number			Contractor:	DOB:
Accompanied by:			Allergies:	
Weight:	Percentile:	Length:	Percentile:	Head Circ: Percentile:

HISTORY:

Temp: _____
Pulse: _____
Resp: _____

Parental Comments/Concerns:
Dental Screen: Daily toothbrushing? Yes _____ No _____ Education re: white spots on teeth given? Yes _____ No _____

Nutritional Screen: Breast/whole milk: _____ Table foods: _____ Supplements: _____ Cup: _____

Developmental Screen: Age Appropriate? (e.g., says 3-6 words, understands simple commands, climbs stairs) Yes _____ No _____

If suspicious, specific objective testing performed _____

Behavioral Screen: Age appropriate? (parental interview) Yes _____ No _____
PHYSICAL EXAM

Are the following normal?	Yes	No	Describe abnormal findings:	LABS ORDERED:
1. Skin/Hair/Nails				Tuberculin Test Yes _____ No _____ (perform if at risk)
2. Ear/Hearing				
3. Eyes/Vision (red reflex)				
4. Mouth/Throat/Teeth				
5. Nose/Head/Neck				SCREENINGS: Verbal Lead Risk Assessment Yes _____ No _____ (perform at 15 mo of age)
6. Heart				
7. Lungs				
8. Abdomen				
9. Genitourinary				ADDITIONAL LABS: Specify:
10. Extremities				
11. Spine (scoliosis)				
12. Neurological				

ASSESSMENT & PLAN:

IMMUNIZATIONS:	Pt. needs immunizations?	Yes _____	No _____	Delayed? _____	Deferred? _____
Given today?	Hep B _____	DTaP _____	Hib _____	IPV _____	MMR _____
	Varicella _____	PCV _____	Influenza _____	Other _____	

ANTICIPATORY GUIDANCE

- | | | |
|--------------------------|---------------------|-------------------------------------|
| ▪ Sleep practices | ▪ Passive smoke | ▪ Parenting practices |
| ▪ Drowning prevention | ▪ Nutrition | ▪ Family involvement |
| ▪ Injury prevention /911 | ▪ Temper tantrums | ▪ Interaction with parents/reading |
| ▪ Car seat | ▪ Discipline/limits | ▪ Next appt./transportation needed? |

REFERRALS: CRS _____ WIC _____ DDD _____ ALTCS _____ Specialty _____ Other _____

Clinician Name (print):	Clinician Signature:	Yes _____ No _____ See Additional/Supervisory Note?
-------------------------	----------------------	--